## UNOFFICIAL C \$921129161

2002-10-15 15:15:05

Cook County Recorder

26.50

## FINANCING STATEMENT AMENDMENT

CC FINANCING STATEMENT AMENDMENT LLOW INSTRUCTIONS (front and back) CAREFULLY		2129161		
AME & PHONE OF CONTACT AT FILER [optional] NORMAN J. BELES (630) 789-3300			0021129161	
END ACKNOWLEDGMENT TO: (Name and Address)				
THE PARTY AGONT MANAGEMENT COMPANY	N A			
WINTRUST ASSET MANAGEMENT COMPANY,				
C/O BELCORP FINANCIAL SERVICES, IN				
120 EAST OGDEN AVENUE				
SUITE 124 HINSDALE, IL 60521				
HINSDALE, II 00521	1			
L 4777751		THE ABOVE SPA	CE IS FOR FILING OFFICE	E USE ONLY
NITIAL FINANCING STATEMENT FI. E #			1b. This FINANCING STATE to be filed [for record] (o	MENT AMENDMENT is
DOK COUNTY II. DOC. 99496055			REAL ESTATE RECOR	DS
TERMINATION: Effectiveness of the Financian Statement identified above in	s terminated with respect to	security interest(s) of the	Secured Party authorizing this Te	rmination Statement.
CONTINUATION: Effectiveness of the Financing Catement identified aboundance for the additional period provided by applitude law.	we with respect to security	interest(s) of the Secured	Party authorizing this Continue	tion Statement is
ASSIGNMENT (full or partial): Give name of assignee i, iter 70 or 7b and	address of assignee in item	7c; and also give name of	assignor in item 9.	
MENDMENT (PARTY INFORMATION): This Amendment affects De	obtor or Secured Part	of record. Check only o	e of these two boxes.	
so check one of the following three boxes and provide appropriate info mation in	items 6 and/or 7.			Item 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6°, at name (if name change) in item 7a or 7b and/or new address (if address c) and	lo dive new l'⊓DELEI	E name: Give record name eleted in item 6a or 6b.	item 7c; also complete	items 7d-7g (if applicable).
URRENT RECORD INFORMATION: DEBTOR	07			
Ba. ORGANIZATION'S NAME	$\tau_{\sim}$			
	FIRST		IMIDDLE NAME	SUFFIX
86. INDIVIDUAL'S LAST NAME		DTCA		
MITCHELL	MICHAEL &	ERICA		
HANGED (NEW) OR ADDED INFORMATION:		) <sub>x</sub>		
7a. ORGANIZATION'S NAME	•			
			MIDDLE NAME	SUFFIX
THE CONTROLLED IN C. LACT MANE	FIRST NAME	/ )	16110	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	()		
	FIRST NAME	<u>C'</u>	STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS		C)	STATE POSTAL CODE	
MAILING ADDRESS		ORGANIZATION		
AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	СПТУ	ORGANIZATION	STATE POSTAL CODE	, if any
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TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENIDAFENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF	e collateral assigned	STATE POSTAL CODE	, if any
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